

DEPARTMENT OF HEALTH
Health Systems Quality Assurance Division
Office of Emergency Medical Services and Trauma Systems

Regional EMS and Trauma Care Council
Membership Application Instructions
for
Appointment or Reappointment
to Regional EMS and Trauma Care Councils

1. Be sure to identify the position that you will be representing on the council. If you are unsure of the specific position title, please contact your regional council office.
2. Please provide a mailing address where you would like to receive EMS and Trauma information (Section 2).
3. You must have your Local EMS/Trauma Care Council Chair recommend you for the position by signing the application (Section 3).
4. If you are representing an organization, please have the head of your organization sign the application form (Section 4). Also include any letters of recommendation from your organization.
5. Please supply any additional information in Section 5.
6. Please be sure that the entire form has been completed, signed and dated.

Mail your completed application to:

Debra Ann Galvan
Regional Council Appointments Coordinator
PO Box 47853
Olympia, WA 98504-7853

Questions? Please call Debra at (800) 458-5281 (in-state only) or (360) 236-2838.

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Regional EMS and Trauma Care Council
MEMBERSHIP APPLICATION

Please print all information and complete both sides of this application.

1. I, _____ am applying for appointment / reappointment
(Circle One Above)
as the _____ representative on the
(please specify if "alternate")
_____ Region EMS/Trauma Care Council from _____ County.

2. Preferred mailing address for Regional Council business:

Contact information:

Work (_____) _____ Home (_____) _____

FAX (_____) _____ Email: _____

3. **LOCAL EMS COUNCIL RECOMMENDATION:**

Chair / President: _____

Signature: _____ Date _____

4. Complete if you are formally representing an agency or organization:
(attach any letters of recommendation)

Agency / organization name: _____

Head of organization: _____

Title: _____

Signature: _____ Date _____

(Over)

5. Please answer the following:

a) Why are you interested in serving on the Regional Council?

b) What are your abilities, i.e., education, employment and/or experience that qualify you for this position? (attach any additional information)

c) Current employment: _____

<hr/> Applicant Signature	<hr/> Date
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Return completed form to:

Debra Ann Galvan
Regional Council Appointments Coordinator
Office of Emergency Medical and Trauma Prevention
PO Box 47853
Olympia, WA 98504-7853

Questions? Call Debra at (800) 458-5281, Ext. 2 (in-state only) or (360) 236-2838.